



To be completed by tutors entering students for the BGA competition

Please complete **ALL** the fields and return this form to the BGA.

Name .....

Title .....

Email .....

Telephone .....

Department .....

University/College .....

Address .....

.....

.....

.....

Post Code .....

**Tick the appropriate box(es)...**

Glove Design Competition  Approximate Number of Entries.....

Safety Poster Competition  Approximate Number of Entries.....

**Please also ensure your students attach the correct entry form to the back of their submitted work – with ALL fields completed.**